



DONATION/PLEDGE FORM

Please complete your contact information below and check all that apply:

Donor(s) Name _____

Address _____

Phone _____ I would like this donation to be anonymous

A GIFT OF SUPPORT

I would like to become a covenant partner and pledge \$_____ per month for _____ months
I have enclosed my check for this month's pledge payment

Instead of a pledge, I am enclosing my check in the amount of \$_____ in support of your ministry

My employer participates in the matching gift program
Name of Employer _____

(Optional) My donation is in memory of _____
Please send an acknowledgement to:

Name _____

Address _____

SPECIAL INTEREST

I would like to volunteer my time to help in some way

My church may be interested in supporting your ministry and possibly scheduling a Good News Home presentation to its congregation or mission committee

Church Name _____ Phone _____

Address _____



Please mail this form to:

Good News Home for Women
33 Bartles Corner Rd
Flemington, NJ 08822

Thank You!



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